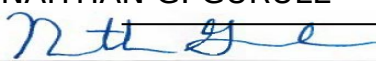
	LOS LUNAS POLICE DEPARTMENT	
	ADMINISTRATION	NUMBER: OPR.01.01 (J)
	EFFECTIVE DATE: March 16, 2018	
	REVIEW DATE: March 7, 2018	
SUBJECT: Naloxone HB 370		
AMENDS/ SUPERSEDES:		NMSA: 29-7-7.6 NMSA 1978
NMMLEPSC STANDARDS:		APPROVED BY CHIEF OF POLICE NAITHAN G. GURULE  Signature

1. **Purpose:** The purpose of this policy is to provide trained members with guidelines to utilize Naloxone Hydrochloride (Narcan) in order to reduce fatal opiate/opioid overdose.
2. **Policy:** It is the policy of the Los Lunas Police Department for trained officers to administer Naloxone (Narcan) in accordance with state law and the administrative medical director's guidelines and oversight, to persons suffering from opiate/opioid overdose at the earliest possible time to minimize chances of death.
3. **Definitions:**
 - 3.1 EMS: Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
 - 3.2 Naloxone (Narcan – Brand name for Naloxone): Naloxone hydrochloride, which is an opioid antagonist for the treatment of opioid overdose.
 - 3.3 Naloxone rescue kit: A kit containing:
 - 3.3.1 Two doses of naloxone in either generic form or in a form approved by the federal food and drug administration.
 - 3.3.2 Overdose education material that conform to department of health or federal substance abuse/mental health services administration.

- 3.4** Opiates: Naturally derived from the poppy plant, such as heroin and opium.
- 3.5** Opioids: Synthetic opiate drugs, such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone).
- 3.6** Opioid Overdose: An acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, a substance with an opioid combination, or that which a reasonable person would believe to be an opioid-related drug overdose requiring medical attention.
- 3.7** IN: Intranasal (IN) administration of Naloxone

4. General

- 4.1** As agency funding and agency supplies of naloxone rescue kits permit, naloxone rescue kits will be provided to law enforcement officers.
- 4.2** Law enforcement officers are required to carry the naloxone rescue kit in accordance with agency training and House Bill 370; and make reasonable effort to administer the naloxone to an individual the officer reasonably believes is suffering from an opioid overdose.
- 4.3** Local and state agencies and law enforcement officers are provided immunity from civil action, criminal prosecution and professional disciplinary action as a result of possession, administration, distribution or dispensing of the opioid antagonist, provided that actions are taken with reasonable care and without willful, wanton, or reckless behavior (29-7-7.6 (B) NMSA 1978, 24-3-1 (H) NMSA 1978).
- 4.4** Training will be provided in the administration of naloxone in accordance with medical best practices: 1) life-saving rescue techniques; and 2) an opioid antagonist.
- 4.5** The chief of police shall appoint a Naloxone Coordinator to administer the law enforcement program.

5. Naloxone Coordinator

5.1 Responsibilities

- 5.1.1** Ensure naloxone kits are current and not past expiration date.
- 5.1.2** Ensure officers are adequately trained in the use and storage of naloxone.
- 5.1.3** Replace naloxone kits that are damaged, unusable, expired, or used.
- 5.1.4** Ensure the use of naloxone is documented on a *usage form* and is documented in a case report.
- 5.1.5** Ensure proper reporting of naloxone to the Overdose Prevention Coordinator – Santa Fe Prevention Alliance and Office of Substance Abuse Prevention (preventionallianceopiatessafe@gmail.com).

6. Indication, Determination and Administration

- 6.1** Authorized officers shall utilize naloxone on subjects believed to be suffering from an opioid overdose. Indicators include, but are not limited to:
 - 6.1.1** Difficulty breathing (labored breathing, shallow breaths).
 - 6.1.2** If breathing, snoring or gurgling sound.
 - 6.1.3** Blue or purplish skin (lips and nail beds)
 - 6.1.4** Loss of alertness
 - 6.1.5** Unconscious/unresponsive
- 6.2** Only officers trained in the use of naloxone are authorized to administer naloxone in the field.

Upon arrival to the scene of a medical emergency prior to the arrival of EMS, an assessment will be made to determine if the patient may be suffering from an opioid overdose based on indicators, such as physical/medical state, witness/family statements, drug use, medical history.

- 6.3** If the determination is the patient may be suffering from an opioid overdose, the officer should administer life-saving techniques, at a minimum, check for consciousness and administer an opioid antagonist:

6.3.1 Assess consciousness.

6.3.2 Give first dose of naloxone.

6.3.3 Assess for consciousness. After approximately 3 minutes, if no response, give a second dose of naloxone.

6.3.4 Once consciousness is regained, place the patient in recovery position and monitor until EMS arrives. Note: Early administration of naloxone reduces the risk of the subject being combative due to oxygen loss.

6.3.5 Used naloxone kits should be left in the immediate vicinity to the patient.

6.3.6 Communicate to EMS action(s) taken prior to their arrival.

7. Reporting

7.1 Supervisor notification should be made as soon as practicable.

7.2 Complete and submit a Naloxone Usage Report to the Naloxone Coordinator as soon as practicable (Appendix 1).

7.3 Generate a case report in the records management system.

8. Maintenance/Replacement

8.1 Naloxone kits shall be inspected prior to each shift by assigned officer.

8.2 Every effort should be made to keep naloxone kit at room temperature.

8.3 Missing/Damaged naloxone kits will be reported to the duty supervisor as well as the Naloxone Coordinator.

8.4 Prompt notification to the Naloxone Coordinator shall be made if a naloxone kit is taken off-line or needs replacement.

9. Naloxone Usage Report (Appendix I attached)



LOS LUNAS POLICE DEPARTMENT NALOXONE USAGE REPORT

Police Department:		Case #:	
Date of Overdose: / /		Time of Overdose: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Location where overdose occurred:			
Gender of the person who overdosed:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Age:
Race/Ethnicity	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Asian/Indian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Pacific Islander
Signs of overdose present (check all that apply)			
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Breathing Slowly	<input type="checkbox"/> Not Breathing	<input type="checkbox"/> Blue
<input type="checkbox"/> Lips Slow Pulse	<input type="checkbox"/> No Pulse	<input type="checkbox"/> Other (specify):	
Suspected overdose on what drugs (check all that apply)			
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Any other opioid
Details of Naloxone Deployment			
Number of doses used:	Did Naloxone work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Not Sure	
If yes, how long did it take to work: <input type="checkbox"/> > 1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> <5 min <input type="checkbox"/> Don't Know			
Patient's response to Naloxone: <input type="checkbox"/> Responsive and alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response to Naloxone			
Post-Naloxone withdrawal symptoms (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Irritable or Angry			
<input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Physically Combative			
<input type="checkbox"/> Vomiting		<input type="checkbox"/> Other (specify):	Did the person live: <input type="checkbox"/> Yes <input type="checkbox"/> No
What else was done: <input type="checkbox"/> Sternal Rub <input type="checkbox"/> Recovery Position <input type="checkbox"/> Rescue Breathing <input type="checkbox"/> Chest Compressions			
<input type="checkbox"/> Automatic Defibrillator <input type="checkbox"/> Yelled <input type="checkbox"/> Shook them <input type="checkbox"/> Oxygen			
<input type="checkbox"/> EMS Naloxone <input type="checkbox"/> Bystander Naloxone <input type="checkbox"/> Other (specify):			
Disposition: <input type="checkbox"/> Care transfer to EMS <input type="checkbox"/> Other (specify):			
Naloxone Information:		Lot #:	Expiration date: / /
Notes/comments:			
Officer's Name (printed)		Signature	Date of Report
Supervisor		Lieutenant	Naloxone Coordinator